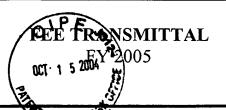
Express Mail Mailing Label No. EV 219997760 US



Complete if Known					
Application Serial Number	10/037,296				
Filing Date	December 21, 2001				
First Named Inventor	Dahlbäck				
Group Art Unit	1644				
Examiner Name	Saunders, David A.				
Attorney Docket No.	INL-054DV				

a chin					
"METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. Payment Enclosed:	3. ADDITIONAL FEES				
Check Money Order Other	Large	Small			
	Entity	Entity			
2. The Commissioner is hereby authorized to credit	Fee	Fee	Fee Description	Fee Paid	
or charge any fee indicated below for this submission	(\$)	(\$)	•		
to Deposit Account No. 20-0531.		(0)			
•	130	65	Surcharge - late filing fee or oath		
Required Fees (copy of this sheet enclosed).			- I		
Additional fee required under 37 CFR 1.16 and	50	25	Surcharge - late provisional filing fee		
1.17.			or cover sheet		
Overpayment Credit.	130	130	Non-English specification		
3. Applicant claims small entity status.	2,520	2,520	Request for ex parte reexamination		
FEE CALCULATION	110	55	Extension for reply within first month		
1. FILING FEE	430	215	Extension for reply within second		
1. TEHOTEE	""	210	month		
Large Entity	980	490	Extension for reply within third month		
	1		- · · · · · · · · · · · · · · · · · · ·		
Fee (\$) Fee Description Fee Paid	1530	765	Extension for reply within fourth month		
	2000	1040	h-a		
700	2080	1040	Extension for reply within fifth month		
790 Utility filing fee	340	170	Notice of Appeal		
350 Design filing fee	340	170	Filing a brief in support of an appeal		
160 Provisional filing fee	340	170	Request for oral hearing		
	130	130	Petitions to the Commissioner		
	180	180	Submission of Information Disclosure		
Number Number Rate Amount			Statement		
Filed Extra	790	395	Filing a submission after final		
			rejection (37 CFR 1.129(a))		
Total Claims $-20 = x \$ 18.00 =$	790	395	For each additional invention to be		
100.00 X 0 10.00	//	373	examined (37 CFR 1.129(b))		
Independent	100	100	Certificate of Correction for		
Claims - 3 = x \$ 88.00 =	100	100	applicant's error		
Ciality 7.5 × 5.00 -	110	55	Submission of Terminal Disclaimer		
☐ Multiple Dependent Claim(s), if any \$300.00 =	Other fee (Sp		<b></b>	790.00	
Williple Dependent Claim(s), if any \$300.00 =	Other ree (Sp	ectry)	(RCE)	790.00	
	Other fee (Sp	ecifu)	(RCL)		
TOTAL:	Culci ice (Sp	cerry,			
SMALL ENTITY DISCOUNT:	1				
SUBTOTAL (1) (\$) 0.00	1				
2. AMENDMENT CLAIM FEES	1				
	1		CHIPTOTH (2)	700.00	
Claims Highest No. Present Rate Fee Paid	1		SUBTOTAL (3) (\$)	790.00	
Remaining Previously Extra			· <u>········</u>		
After Amend. Paid For	[				
Total 29 $-20 = 9$ $x $ 18.00 = 162.00$	j		SUBTOTAL(1)	0.00	
Indep. 2 $-3 = 0$ $x $ 88.00 = 0.00$	1		· · · · ·	162.00	
First Presentation of Multiple Dep. $+ $300.00 =$	1			790.00	
Claim + \$300.00 =	1		3081014L(3)	, , , , , , , , , , , , , , , , , , , ,	
TOTAL: (\$)162.00	1		L		
SMALL ENTITY DISCOUNT: (\$)	1				
	1		mom · I	052.00	
SUBTOTAL (2) (\$)162.00	4		TOTAL (\$)	952.00	
CORRESPONDENCE ADDRESS	SIGNATURE BLOCK				
Direct all correspondence to:			Respectfully submitted,		
Patent Administrator	Date: Oatab	er 15 2004	Lluaba )		
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Fax No.: (017) 246-7100	İ		Boston, MA 02110		